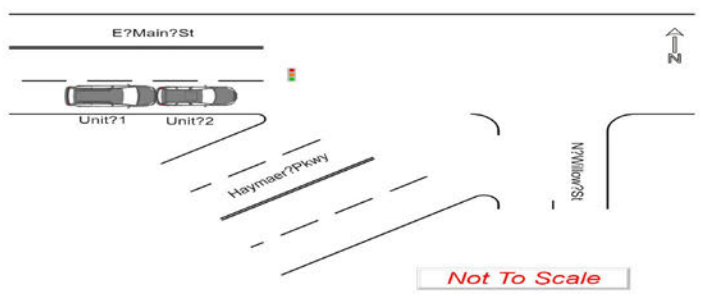
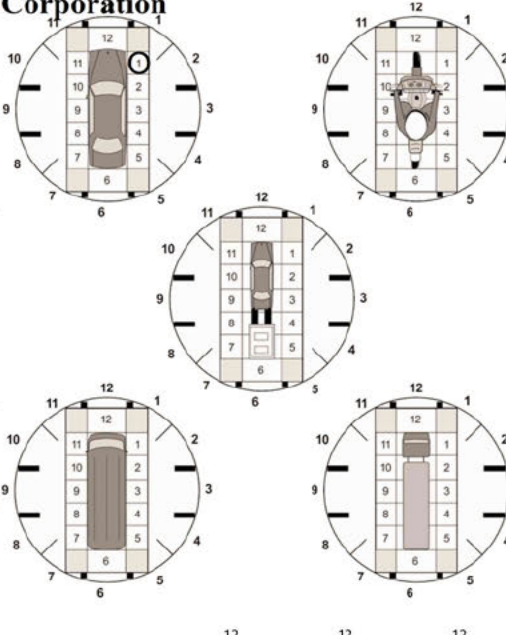


|   |  |   |   |   |                                    |  |  |  |                 |  |
|---|--|---|---|---|------------------------------------|--|--|--|-----------------|--|
| <input type="checkbox"/> PHOTOS TAKEN   |  | <input type="checkbox"/> OH-2   | <input type="checkbox"/> OH-3                 | LOCAL INFORMATION   |                                    | 2 0 2 5 - 0 0 0 1 0 6 8 0  |  |  |                 |  |
| <input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-1P   | <input type="checkbox"/> OTHER                | REPORTING AGENCY NAME*  |                                    | NCIC*  |  | HIT/SKIP   | NUMBER OF UNITS | UNIT IN ERROR  |
| <input type="checkbox"/> PRIVATE PROPERTY   |  |   |   | City of Kent Police   |                                    | 0 6 7 0 3  |  | 1 - SOLVED<br>2 - UNSOLVED   | 0 2             | 98 - ANIMAL<br>99 - UNKNOWN  |
| COUNTY*   | LOCALITY*                                      | LOCATION: CITY, VILLAGE, TOWNSHIP*  |   |   |                                    | CRASH DATE / TIME*   |  | CRASH SEVERITY   |                 |  |
| 6 7   | 1  | Kent  |   |   |                                    | 0 7 2 6 2 0 2 5 / 1 5 0 6  |  | 5  |                 |  |
| ROUTE TYPE  | ROUTE NUMBER                                   | PREFIX  | LOCATION ROAD NAME                            |   | ROUTE TYPE                         | LATITUDE DECIMAL DEGREES   |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY         |                 |  |
|   |  |   | MAIN  |   |                                    | 4 1 . 1 5 3 7 4 3  |  |  |                 |  |
| ROUTE TYPE  | ROUTE NUMBER                                   | PREFIX  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) |   | ROUTE TYPE                         | LONGITUDE DECIMAL DEGREES  |  |  |                 |  |
| S R   | 5 9  |   | HAYMAKER                                      |   | P K                                | - 8 1 . 3 5 3 5 3 7  |  |  |                 |  |
| REFERENCE POINT   | DIRECTION FROM REFERENCE                       | ROUTE TYPE  |   | ROAD TYPE   |                                    | INTERSECTION RELATED   |  |  |                 |  |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                                    |                                    | HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE       |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  |                 | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA   |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE                       |   |   |   |                                    |  |  | NUMBER OF APPROACHES   |                 |  |
| 2 5   | 2  |   |   |   |                                    |  |  | ROADWAY  |                 |  |
|   |  |   |   |   |                                    |  |  | ROADWAY DIVIDED  |                 |  |
| LOCATION OF FIRST HARMFUL EVENT   |  |   |   | MANNER OF CRASH COLLISION/IMPACT  |                                    |  |  | DIRECTION OF TRAVEL  |                 | MEDIAN TYPE  |
| 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP  |  |   |   | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON  |                                    |  |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |                 | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                 |  | WORK ZONE TYPE  |   | LOCATION OF CRASH IN WORK ZONE  |                                    | CONTOUR  |  | CONDITIONS   |                 | SURFACE  |
|   |  | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER        |   | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |                                    | 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN |  | 2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |                 | 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN  |
| LIGHT CONDITION   |  | WEATHER   |   |   |                                    |  |  |  |                 |  |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN   |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |   | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN  |                                    |  |  |  |                 |  |
|   |  | 0 4   |   |   |                                    |  |  |  |                 |  |
| NARRATIVE   |  |   |   |   |                                    |  |  |  |                 |  |
| UNIT 2 WAS FACING EASTBOUND ON E MAIN ST, STOPPED AT THE RED LIGHT AT HAYMAKER PKWY. UNIT 1 WAS TRAVELING EASTBOUND ON E MAIN ST, FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD, AND REAR-ENDED UNIT 2. |  |   |   |   |                                    |  |  |  |                 |  |
|   |  |   |   |   |                                    |  |  |  |                 |  |
| CRASH REPORTED DATE / TIME  |  | DISPATCH DATE / TIME  |   | ARRIVAL DATE / TIME   |                                    | SCENE CLEARED DATE / TIME  |  | REPORT TAKEN BY  |                 |  |
| 0 7 2 6 2 0 2 5 / 1 5 0 6   |  | 0 7 2 6 2 0 2 5 / 1 5 0 8   |   | 0 7 2 6 2 0 2 5 / 1 5 1 1   |                                    | 0 7 2 6 2 0 2 5 / 1 5 4 0  |  | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |                 |  |
| TOTAL TIME ROADWAY CLOSED   | OTHER INVESTIGATION TIME                       | TOTAL MINUTES   | OFFICER'S NAME*                               |   | CHECKED BY OFFICER'S NAME*         |  | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS) |  |                 |  |
| 0 0 0   | 0 3 0  | 0 6 2   | Feltoon, Benjamin Aaron                       |   | Nelson, Josh                       |  |  |  |                 |  |
|   |  |   | OFFICER'S BADGE NUMBER*                       |   | CHECKED BY OFFICER'S BADGE NUMBER* |  |  |  |                 |  |
|   |  |   | 2 4 2   |   | 2 3 2                              |  |  |  |                 |  |



|  |   |   |  |
|--|---|---|--|
| OWNER  | UNIT #<br><b>0 1</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER<br><b>SHULTZ, JENNIFER, SUZANNE</b>  | OWNER PHONE: INCLUDE AREA CODE ( ) SAME AS DRIVER<br>REDACTED PER ORC 149.43(A)(1) |
|  | OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) SAME AS DRIVER<br><b>916 STEIN CT 101, Kent, OH 44240</b> |   | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                |
| LP STATE<br><b>O H</b>   |   | LICENSE PLATE #<br><b>648ZTS</b>  | VEHICLE IDENTIFICATION #<br><b>KNDMG4C77C6499720</b>                               |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED   |   | INSURANCE COMPANY<br><b>USAA</b>  | INSURANCE POLICY #<br><b>GAR 021603084 7102</b>                                    |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #  | VEHICLE YEAR<br><b>2 0 1 2</b>   |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                              |   | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.   | VEHICLE MAKE<br><b>Kia Motors</b>  |
| #OCCUPANTS<br><b>0 2</b>   |   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD   | VEHICLE MODEL<br><b>Sedona</b>   |
| UNIT TYPE<br><b>0 2</b>  |   | TOWED BY: COMPANY NAME  |  |
| 00 # OF TRAILING UNITS   |   | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP                                   |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1 - YES 2 - NO 9 - OTHER / UNKNOWN           |   | AUTONOMOUS MODE LEVEL<br><b>0</b> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN   |  |
| SPECIAL FUNCTION<br><b>0 1</b>   |   | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN   |  |
| CARGO BODY TYPE<br><b>0 1</b>  |   | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTOTRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  |  |
| VEHICLE DEFECTS  |   | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN  |  |
| NON-MOTORIST LOCATION AT IMPACT  |   | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN   |  |
| ACTION<br><b>3</b>   |   | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                            |  |
| CONTRIBUTING CIRCUMSTANCES<br><b>0 8</b>   |   | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION  |  |
| SEQUENCE OF EVENTS   |   | NON-COLLISION<br>1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTORVEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT             |  |
| COLLISION WITH FIXED OBJECT - STRUCK   |   | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |  |
| FIRST HARMFUL EVENT<br><b>1</b>  |   | MOST HARMFUL EVENT<br><b>1</b>  |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 0 6 8 0</b>  |  |
| DAMAGE<br>DAMAGE SCALE<br><b>2</b> 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN  |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |  |
|   |  |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |  |
| INITIAL POINT OF CONTACT<br><b>0 1</b> 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br><b>2</b> 1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br><b>2</b> 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br><b>3</b>   |  |
| RAIL GRADE CROSSING<br><b>1</b> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING  |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br><b>0 1 0</b>   |  |
| DETECTED SPEED<br><b>1</b> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  |  |
| POSTED SPEED<br><b>2 5</b>   |  |



|   |  |   |  |  |                                  |
|---|--|---|--|--|----------------------------------|
| OWNER   | UNIT #<br><b>0 2</b>   | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)<br><b>DAWSON, MATTHEW, E</b>   | OWNED PHONE: INCLUDE AREA CODE (SAME AS DRIVER)<br>REDACTED PER ORC 149.43(A)(1) |  |                                  |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)<br><b>156 SOMERSET LN 14, AVON LAKE, OH 44012</b> |   |  |  |                                  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE   |  |  |                                  |
| VEHICLE   | LP STATE<br><b>O H</b>   | LICENSE PLATE #<br><b>KPL8148</b>   | VEHICLE IDENTIFICATION #<br><b>1 GNE RGK W2 J J 2 3 1 3 7 6</b>                  | VEHICLE YEAR<br><b>2 0 1 8</b>   | VEHICLE MAKE<br><b>Chevrolet</b> |
|   | <input checked="" type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY<br><b>GEICO</b>   | INSURANCE POLICY #<br><b>4378428678</b>  | COLOR<br><b>TAN</b>  | VEHICLE MODEL<br><b>TRAVERSE</b> |
|   | <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> GOVERNMENT   | <input type="checkbox"/> IN EMERGENCY RESPONSE                                   | TOWED BY: COMPANY NAME   |                                  |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT  | #OCCUPANTS<br><b>0 1</b>   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED<br><input type="checkbox"/> PLACARD |                                  |
|   | TYPE OF USE  |   | US DOT #   | VEHICLE WEIGHT GVWR/GCWR   |                                  |
|   | <input type="checkbox"/> PASSENGER CAR   |   | <input type="checkbox"/> MOTORCYCLE 2-WHEELED                                    | <input type="checkbox"/> GOLF CART   |                                  |
|   | <input type="checkbox"/> PASSENGER VAN (MINIVAN)   |   | <input type="checkbox"/> MOTORCYCLE 3-WHEELED                                    | <input type="checkbox"/> SNOWMOBILE  |                                  |
|   | <input type="checkbox"/> SPORT UTILITY VEHICLE   |   | <input type="checkbox"/> AUTOCYCLE   | <input type="checkbox"/> SINGLE UNIT TRUCK   |                                  |
|   | <input type="checkbox"/> PICK UP   |   | <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE                              | <input type="checkbox"/> SEMI-TRACTOR  |                                  |
|   | <input type="checkbox"/> CARGO VAN   |   | <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV)                         | <input type="checkbox"/> FARM EQUIPMENT  |                                  |
| <input type="checkbox"/> VAN (9-15 SEATS)           |  |   | <input type="checkbox"/> MOTORHOME   |  |                                  |
| # OF TRAILING UNITS<br><b>00</b>                    |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br><b>2</b> 1-YES 2-NO 9-OTHER/UNKNOWN  |  |  |                                  |
| AUTONOMOUS MODE LEVEL<br><b>0</b>                   |  | 1-NO AUTOMATION<br>2-PARTIAL AUTOMATION<br>3-CONDITIONAL AUTOMATION<br>4-HIGH AUTOMATION<br>5-FULL AUTOMATION<br>9-UNKNOWN  |  |  |                                  |
| SPECIAL FUNCTION<br><b>0 1</b>                      |  | 1-NONE<br>2-TAXI<br>3-ELECTRONIC RIDE SHARING<br>4-SCHOOL TRANSPORT<br>5-BUS-TRANSIT/COMMUTER<br>6-BUS-CHARTER/TOUR<br>7-BUS-INTERCITY<br>8-BUS-SHUTTLE<br>9-BUS-OTHER<br>10-AMBULANCE<br>11-FIRE<br>12-MILITARY<br>13-POLICE<br>14-PUBLIC UTILITY<br>15-CONSTRUCTION EQUIPMENT<br>16-FARM<br>17-MOWING<br>18-SNOW REMOVAL<br>19-TOWING<br>20-SAFETY SERVICE PATROL<br>21-MAIL CARRIER<br>99-OTHER / UNKNOWN  |  |  |                                  |
| CARGO BODY TYPE<br><b>0 1</b>                       |  | 1-NO CARGO BODY TYPE / NOT APPLICABLE<br>2-BUS<br>3-VEHICLE TOWING ANOTHER MOTORVEHICLE<br>4-LOGGING<br>5-INTERMODAL CONTAINER CHASSIS<br>6-CARGO VAN/ENCLOSED BOX<br>7-GRAIN/CHIPS/GRAVEL<br>8-POLE<br>9-CARGO TANK<br>10-FLAT BED<br>11-DUMP<br>12-CONCRETE MIXER<br>13-AUTOTRANSPORTER<br>14-GARBAGE/REFUSE<br>99-OTHER / UNKNOWN  |  |  |                                  |
| VEHICLE DEFECTS<br><b>0 1</b>                       |  | 1-TURN SIGNALS<br>2-HEAD LAMPS<br>3-TAIL LAMPS<br>4-BRAKES<br>5-STEERING<br>6-TIRE BLOWOUT<br>7-WORN OR SLICK TIRES<br>8-TRAILER EQUIPMENT DEFECTIVE<br>9-MOTOR TROUBLE<br>10-DISABLED FROM PRIOR ACCIDENT<br>99-OTHER / UNKNOWN  |  |  |                                  |
| NON-MOTORIST LOCATION AT IMPACT<br><b>0 1</b>       |  | 1-INTERSECTION - MARKED CROSSWALK<br>2-INTERSECTION - UNMARKED CROSSWALK<br>3-INTERSECTION - OTHER<br>4-MIDBLOCK - MARKED CROSSWALK<br>5-TRAVEL LANE - OTHER LOCATION<br>6-BICYCLE LANE<br>7-SHOULDER / ROADSIDE<br>8-SIDEWALK<br>9-MEDIAN/CROSSING ISLAND<br>10-DRIVEWAY ACCESS<br>11-SHARED USE PATHS OR TRAILS<br>12-FIRST RESPONDER AT INCIDENT SCENE<br>99-OTHER / UNKNOWN   |  |  |                                  |
| ACTION<br><b>4</b>                                  |  | 1-NON-CONTACT<br>2-NON-COLLISION<br>3-STRIKING<br>4-STRUCK<br>5-BOTH STRIKING & STRUCK<br>9-OTHER / UNKNOWN<br>1-STRAIGHT AHEAD<br>2-BACKING<br>3-CHANGING LANES<br>4-OVERTAKING/PASSING<br>5-MAKING RIGHT TURN<br>6-MAKING LEFT TURN<br>7-MAKING U-TURN<br>8-ENTERING TRAFFIC LANE<br>9-LEAVING TRAFFIC LANE<br>10-PARKED<br>11-SLOWING OR STOPPED IN TRAFFIC<br>12-DRIVERLESS<br>13-NEGOTIATING A CURVE<br>14-ENTERING OR CROSSING SPECIFIED LOCATION<br>15-WALKING, RUNNING, JOGGING, PLAYING<br>16-WORKING<br>17-PUSHING VEHICLE<br>18-APPROACHING OR LEAVING VEHICLE<br>19-STANDING<br>20-OTHER NON-MOTORIST<br>21-STANDING OUTSIDE DISABLED VEHICLE<br>99-OTHER / UNKNOWN                               |  |  |                                  |
| CONTRIBUTING CIRCUMSTANCES<br><b>0 1</b>            |  | 1-NONE<br>2-FAILURE TO YIELD<br>3-RAN RED LIGHT<br>4-RAN STOP SIGN<br>5-UNSAFE SPEED<br>6-IMPROPER TURN<br>7-LEFT OF CENTER<br>8-FOLLOWING TOO CLOSE / ACDA<br>9-IMPROPER LANE CHANGE<br>10-IMPROPER PASSING<br>11-DROVE OFF ROAD<br>12-IMPROPER BACKING<br>13-IMPROPER START FROM A PARKED POSITION<br>14-STOPPED OR PARKED ILLEGALLY<br>15-SWERVING TO AVOID<br>16-WRONG WAY<br>17-VISION OBSTRUCTION<br>18-OPERATING DEFECTIVE EQUIPMENT<br>19-LOAD SHIFTING/FALLING/SPILLING<br>20-IMPROPER CROSSING<br>21-LYING IN ROADWAY<br>22-NOT DISCERNIBLE<br>23-OPENING DOOR INTO ROADWAY<br>99-OTHER IMPROPER ACTION   |  |  |                                  |
| SEQUENCE OF EVENTS                                  |  | NON-COLLISION<br>1-OVERTURN/ROLLOVER<br>2-FIRE/EXPLOSION<br>3-IMMERSION<br>4-JACKKNIFE<br>5-CARGO / EQUIPMENT LOSS OR SHIFT<br>6-EQUIPMENT FAILURE<br>7-SEPARATION OF UNITS<br>8-RAN OFF ROAD RIGHT<br>9-RAN OFF ROAD LEFT<br>10-CROSS MEDIAN<br>11-CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12-DOWNHILL RUNAWAY<br>13-OTHER NON-COLLISION<br>14-PEDESTRIAN<br>15-PEDALCYCLE<br>16-RAILWAY VEHICLE<br>17-ANIMAL - FARM<br>18-ANIMAL - DEER<br>19-ANIMAL - OTHER<br>20-MOTOR VEHICLE IN TRANSPORT<br>21-PARKED MOTORVEHICLE<br>22-WORK ZONE MAINTENANCE EQUIPMENT<br>23-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24-OTHER MOVABLE OBJECT                    |  |  |                                  |
| COLLISION WITH FIXED OBJECT - STRUCK                |  | 25-IMPACT ATTENUATOR / CRASH CUSHION<br>26-BRIDGE OVERHEAD STRUCTURE<br>27-BRIDGE PIER OR ABUTMENT<br>28-BRIDGE PARAPET<br>29-BRIDGE RAIL<br>30-GUARDRAIL FACE<br>31-GUARDRAIL END<br>32-PORTABLE BARRIER<br>33-MEDIAN CABLE BARRIER<br>34-MEDIAN GUARDRAIL BARRIER<br>35-MEDIAN CONCRETE BARRIER<br>36-MEDIAN OTHER BARRIER<br>37-TRAFFIC SIGN POST<br>38-OVERHEAD SIGN POST<br>39-LIGHT / LUMINARIES SUPPORT<br>40-UTILITY POLE<br>41-OTHER POST, POLE OR SUPPORT<br>42-CULVERT<br>43-CURB<br>44-DITCH<br>45-EMBANKMENT<br>46-FENCE<br>47-MAILBOX<br>48-TREE<br>49-FIRE HYDRANT<br>50-WORK ZONE MAINTENANCE EQUIPMENT<br>51-WALL<br>52-BUILDING<br>53-TUNNEL<br>54-OTHER FIXED OBJECT<br>99-OTHER / UNKNOWN |  |  |                                  |
| FIRST HARMFUL EVENT<br><b>1</b>                     |  | MOST HARMFUL EVENT<br><b>1</b>  |  |  |                                  |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br><b>2 0 2 5 - 0 0 0 1 0 6 8 0</b>  |   |
| DAMAGE<br>DAMAGE SCALE<br><b>2</b> 1-NONE 3-FUNCTIONAL DAMAGE<br>2-MINOR DAMAGE 4-DISABLING DAMAGE<br>9-UNKNOWN  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [ 0 ] <input type="checkbox"/> - UNDERCARRIAGE [ 14 ]<br><input type="checkbox"/> - TOP [ 13 ] <input type="checkbox"/> - ALL AREAS [ 15 ]<br><input type="checkbox"/> - UNIT NOT AT SCENE [ 16 ] |   |
| INITIAL POINT OF CONTACT<br><b>0 6</b> 0-NO DAMAGE 14-UNDERCARRIAGE<br>1-12-REFER TO UNIT DIAGRAM 15-VEHICLE NOT AT SCENE<br>13-TOP 99-UNKNOWN   |   |
| TRAFFIC<br>TRAFFICWAY FLOW<br><b>2</b> 1-ONE-WAY 2-TWO-WAY<br>TRAFFIC CONTROL<br><b>2</b> 1-ROUNDBOUT 4-STOP SIGN<br>2-SIGNAL 5-YIELD SIGN<br>3-FLASHER 6-NO CONTROL   |   |
| # OF THROUGH LANES ON ROAD<br><b>3</b>   | RAIL GRADE CROSSING<br><b>1</b> 1-NOT INVOLVED<br>2-INVOLVED-ACTIVE CROSSING<br>3-INVOLVED-PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1-NORTH 5-NORTHEAST<br>2-SOUTH 6-NORTHWEST<br>3-EAST 7-SOUTHEAST<br>4-WEST 8-SOUTHWEST<br>9-OTHER / UNKNOWN  |   |
| UNIT SPEED<br><b>0 0 0</b>   | DETECTED SPEED<br><b>1</b> 1-STATED / ESTIMATED SPEED<br>2-CALCULATED / EDR<br>3-UNDETERMINED               |
| POSTED SPEED<br><b>2 5</b>   |   |



## MOTORIST / Non-MOTORIST

| LOCAL REPORT NUMBER                           |                            |  |   |  |                                   |                              |                  |  |              |  |      |  |  |
|---|----------------------------|--|---|--|-----------------------------------|------------------------------|------------------|--|--------------|--|------|--|--|
| 2 0 2 5 - 0 0 0 1 0 6 8 0                     |                            |  |   |  |                                   |                              |                  |  |              |  |      |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                     |                              | AGE              | GENDER   |              |  |      |  |  |
| 0 1   | MCDONALD, TERRA, GAIL      |  |   |  | 0 6 1 2 2 0 0 8                   |                              | 1 7              | F  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE |                              |                  |  |              |  |      |  |  |
| 916 STEIN CT 101 ,Kent ,OH 44240              |                            |  |   |  | REDACTED PER ORC 149.43(A)(1)     |                              |                  |  |              |  |      |  |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE  | EJECTION     | TRAPPED  |      |  |  |
| 5   |                            |  |   |  | 0 4                               | <input type="checkbox"/>     | 0 1              | 1  | 1            | 1  |      |  |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |  | LOCAL CODE                        | OFFENSE DESCRIPTION          |                  | CITATION NUMBER  |              |  |      |  |  |
| O H   | REDACTED PER ORC 4501:1-12 |  | 4511.21A  |  | <input type="checkbox"/>          | Assured Clear Distanc        |                  | 30004  |              |  |      |  |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                                   | CONDITION                    | ALCOHOL TEST     |  | DRUG TEST(S) |  |      |  |  |
| 4   |                            |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 1                            | STATUS           | TYPE   | VALUE        | STATUS   | TYPE | RESULT SELECT UP TO 4                          |  |
|   |                            |  |   |  |                                   |                              | 1                | 1  |              | 1  | 1    |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                     |                              | AGE              | GENDER   |              |  |      |  |  |
| 0 2   | DAWSON, EMILY, MARIE       |  |   |  | 0 8 2 1 2 0 0 3                   |                              | 2 1              | F  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE |                              |                  |  |              |  |      |  |  |
| 951 LAKEWOOD DR ,SHEFFIELD LAKE ,OH 44054     |                            |  |   |  | REDACTED PER ORC 149.43(A)(1)     |                              |                  |  |              |  |      |  |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE  | EJECTION     | TRAPPED  |      |  |  |
| 5   |                            |  |   |  | 0 4                               | <input type="checkbox"/>     | 0 1              | 1  | 1            | 1  |      |  |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |  | LOCAL CODE                        | OFFENSE DESCRIPTION          |                  | CITATION NUMBER  |              |  |      |  |  |
| O H   | REDACTED PER ORC 4501:1-12 |  |   |  | <input type="checkbox"/>          |                              |                  |  |              |  |      |  |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                                   | CONDITION                    | ALCOHOL TEST     |  | DRUG TEST(S) |  |      |  |  |
| 4   |                            |  | 1   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   | 1                            | STATUS           | TYPE   | VALUE        | STATUS   | TYPE | RESULT SELECT UP TO 4                          |  |
|   |                            |  |   |  |                                   |                              | 1                | 1  |              | 1  | 1    |  |  |
| UNIT #  | NAME: LAST, FIRST, MIDDLE  |  |   |  | DATE OF BIRTH                     |                              | AGE              | GENDER   |              |  |      |  |  |
|   |                            |  |   |  |                                   |                              |                  |  |              |  |      |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP             |                            |  |   |  | CONTACT PHONE - INCLUDE AREA CODE |                              |                  |  |              |  |      |  |  |
|   |                            |  |   |  |                                   |                              |                  |  |              |  |      |  |  |
| INJURIES                                      | INJURED TAKEN BY           | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED             | DOT-COMPLIANT MC HELMET      | SEATING POSITION | AIR BAG USAGE  | EJECTION     | TRAPPED  |      |  |  |
|   |                            |  |   |  |                                   | <input type="checkbox"/>     |                  |  |              |  |      |  |  |
| OL STATE                                      | OPERATOR LICENSE NUMBER    |  | OFFENSE CHARGED                                 |  | LOCAL CODE                        | OFFENSE DESCRIPTION          |                  | CITATION NUMBER  |              |  |      |  |  |
|   |                            |  |   |  | <input type="checkbox"/>          |                              |                  |  |              |  |      |  |  |
| OL CLASS                                      | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED   |                                   | CONDITION                    | ALCOHOL TEST     |  | DRUG TEST(S) |  |      |  |  |
|   |                            |  |   | <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                   |                              | STATUS           | TYPE   | VALUE        | STATUS   | TYPE | RESULT SELECT UP TO 4                          |  |
|   |                            |  |   |  |                                   |                              |                  |  |              |  |      |  |  |
| INJURIES                                      |                            | SEATING POSITION   |   | AIR BAG  |                                   | OL CLASS                     |                  | OL RESTRICTION(S)  |              | DRIVER DISTRACTION   |      | TEST STATUS                                    |  |
| 1 - FATAL                                     |                            | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  |   | 1 - NOT DEPLOYED   |                                   | 1 - CLASS A                  |                  | 1 - ALCOHOL INTERLOCK DEVICE   |              | 1 - NOT DISTRACTED   |      | 1 - NONE GIVEN                                 |  |
| 2 - SUSPECTED SERIOUS INJURY                  |                            | 2 - FRONT - MIDDLE   |   | 2 - DEPLOYED FRONT   |                                   | 2 - CLASS B                  |                  | 2 - CDL INTRASTATE ONLY  |              | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |      | 2 - TEST REFUSED                               |  |
| 3 - SUSPECTED MINOR INJURY                    |                            | 3 - FRONT - RIGHT SIDE   |   | 3 - DEPLOYED SIDE  |                                   | 3 - CLASS C                  |                  | 3 - CORRECTIVE LENSES  |              | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       |      | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |  |
| 4 - POSSIBLE INJURY                           |                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  |   | 4 - DEPLOYED BOTH FRONT / SIDE   |                                   | 4 - REGULAR CLASS (OHIO = D) |                  | 4 - FARM WAIVER  |              | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  |      | 4 - TEST GIVEN, RESULTS KNOWN                  |  |
| 5 - NO APPARENT INJURY                        |                            | 5 - SECOND - MIDDLE  |   | 5 - NOT APPLICABLE   |                                   | 5 - M/C MOPEL ONLY           |                  | 5 - EXCEPT CLASS A BUS   |              | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   |      | 5 - TEST GIVEN, RESULTS UNKNOWN                |  |
| INJURED TAKEN BY                              |                            | 6 - SECOND - RIGHT SIDE  |   | 9 - DEPLOYMENT UNKNOWN   |                                   | 6 - NO VALID OL              |                  | 6 - EXCEPT CLASS A & CLASS B BUS   |              | 6 - PASSENGER  |      | ALCOHOL TEST TYPE                              |  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        |                            | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |   | EJECTION   |                                   | H - HAZMAT                   |                  | 7 - EXCEPT TRACTOR-TRAILER   |              | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |      | 1 - NONE                                       |  |
| 2 - EMS                                       |                            | 8 - THIRD - MIDDLE   |   | 1 - NOT EJECTED  |                                   | M - MOTORCYCLE               |                  | 8 - INTERMEDIATE LICENSE RESTRICTIONS  |              | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  |      | 2 - BLOOD                                      |  |
| 3 - POLICE                                    |                            | 9 - THIRD - RIGHT SIDE   |   | 2 - PARTIALLY EJECTED  |                                   | P - PASSENGER                |                  | 9 - LEARNER'S PERMIT RESTRICTIONS  |              | 9 - OTHER / UNKNOWN  |      | 3 - URINE                                      |  |
| 9 - OTHER / UNKNOWN                           |                            | 10 - SLEEPER SECTION OF TRUCK CAB  |   | 3 - TOTALLY EJECTED  |                                   | N - TANKER                   |                  | 10 - LIMITED TO DAYLIGHT ONLY  |              | CONDITION  |      | 4 - BREATH                                     |  |
| SAFETY EQUIPMENT                              |                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |   | 4 - NOT APPLICABLE   |                                   | Q - MOTOR SCOOTER            |                  | 11 - LIMITED TO EMPLOYMENT   |              | 1 - APPARENTLY NORMAL  |      | 5 - OTHER                                      |  |
| 1 - NONE USED                                 |                            | 12 - PASSENGER IN UNENCLOSED CARGO AREA  |   | TRAPPED  |                                   | R - THREE-WHEEL MOTORCYCLE   |                  | 12 - LIMITED - OTHER   |              | 2 - PHYSICAL IMPAIRMENT  |      | DRUG TEST TYPE                                 |  |
| 2 - SHOULDER BELT ONLY USED                   |                            | 13 - TRAILING UNIT   |   | 1 - NOT TRAPPED  |                                   | S - SCHOOL BUS               |                  | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |              | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    |      | 1 - NONE                                       |  |
| 3 - LAP BELT ONLY USED                        |                            | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |   | 2 - EXTRICATED BY MECHANICAL MEANS   |                                   | T - DOUBLE & TRIPLE TRAILERS |                  | 14 - MILITARY VEHICLES ONLY  |              | 4 - ILLNESS  |      | 2 - BLOOD                                      |  |
| 4 - SHOULDER & LAP BELT USED                  |                            | 15 - NON-MOTORIST  |   | 3 - FREED BY NON-MECHANICAL MEANS  |                                   | X - TANKER / HAZMAT          |                  | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |              | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |      | 3 - URINE                                      |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |                            | 99 - OTHER / UNKNOWN   |   | GENDER   |                                   |                              |                  | 16 - OUTSIDE MIRROR  |              | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |      | 4 - OTHER                                      |  |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |                            |  |   | F - FEMALE   |                                   |                              |                  | 17 - PROSTHETIC AID  |              | 9 - OTHER / UNKNOWN  |      | DRUG TEST RESULT(S)                            |  |
| 7 - BOOSTER SEAT                              |                            |  |   | M - MALE   |                                   |                              |                  | 18 - OTHER   |              |  |      | 1 - AMPHETAMINES                               |  |
| 8 - HELMET USED                               |                            |  |   | U - OTHER / UNKNOWN  |                                   |                              |                  |  |              |  |      | 2 - BARBITURATES                               |  |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |                            |  |   |  |                                   |                              |                  |  |              |  |      | 3 - BENZODIAZEPINES                            |  |
| 10 - REFLECTIVE CLOTHING                      |                            |  |   |  |                                   |                              |                  |  |              |  |      | 4 - CANNABINOIDS                               |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |                            |  |   |  |                                   |                              |                  |  |              |  |      | 5 - COCAINE                                    |  |
| 99 - OTHER / UNKNOWN                          |                            |  |   |  |                                   |                              |                  |  |              |  |      | 6 - OPIATES / OPIOIDS                          |  |
|   |                            |  |   |  |                                   |                              |                  |  |              |  |      | 7 - OTHER                                      |  |
|   |                            |  |   |  |                                   |                              |                  |  |              |  |      | 8 - NEGATIVE RESULTS                           |  |



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
**2 0 2 5 - 0 0 0 1 0 6 8 0**

|                 |  |   |  |  |  |   |
|-----------------|--|---|--|--|--|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>  | <b>NAME: LAST, FIRST, MIDDLE</b><br><b>01 LENNOX, MARGARET, LEIGH</b> | <b>DATE OF BIRTH</b><br><b>0 9 1 1 2 0 0 8</b>                                   |  | <b>AGE</b><br><b>1 6</b>                   | <b>GENDER</b><br><b>F</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br><b>1997 CROSSFIELD CIR, Franklin Twp, OH 44240</b> |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br><b>REDACTED PER ORC 149.43(A)(1)</b> |  |  |   |
|                 | <b>INJURIES</b><br><b>5</b>  | <b>INJURED TAKEN BY</b><br><b>1</b>                                   | <b>EMS AGENCY (NAME)</b>   | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b><br><b>0 4</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b><br><b>SEATING POSITION</b><br><b>0 3</b><br><b>AIR BAG USAGE</b><br><b>1</b><br><b>EJECTION</b><br><b>1</b><br><b>TRAPPED</b><br><b>1</b> |

|                 |  |                                  |  |  |                              |   |
|-----------------|--|----------------------------------|--|--|------------------------------|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b><br><b>SEATING POSITION</b><br><b>AIR BAG USAGE</b><br><b>EJECTION</b><br><b>TRAPPED</b> |

|                 |  |                                  |  |  |                              |   |
|-----------------|--|----------------------------------|--|--|------------------------------|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b><br><b>SEATING POSITION</b><br><b>AIR BAG USAGE</b><br><b>EJECTION</b><br><b>TRAPPED</b> |

|                 |  |                                  |  |  |                              |   |
|-----------------|--|----------------------------------|--|--|------------------------------|---|
| <b>OCCUPANT</b> | <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>                   | <b>GENDER</b>   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                              |   |
|                 | <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>                 | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT USED</b> | <input type="checkbox"/> <b>DOT-COMPLIANT MC HELMET</b><br><b>SEATING POSITION</b><br><b>AIR BAG USAGE</b><br><b>EJECTION</b><br><b>TRAPPED</b> |

|  |   |   |   |
|--|---|---|---|
| <b>INJURIES</b>  | <b>SAFETY EQUIPMENT USED</b>  | <b>SEATING POSITION</b>   | <b>AIR BAG USAGE</b>  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN<br><br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |

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| <b>NAME: LAST, FIRST, MIDDLE</b>         | <b>DATE OF BIRTH</b>                     | <b>AGE</b> | <b>GENDER</b> |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |            |               |

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